

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

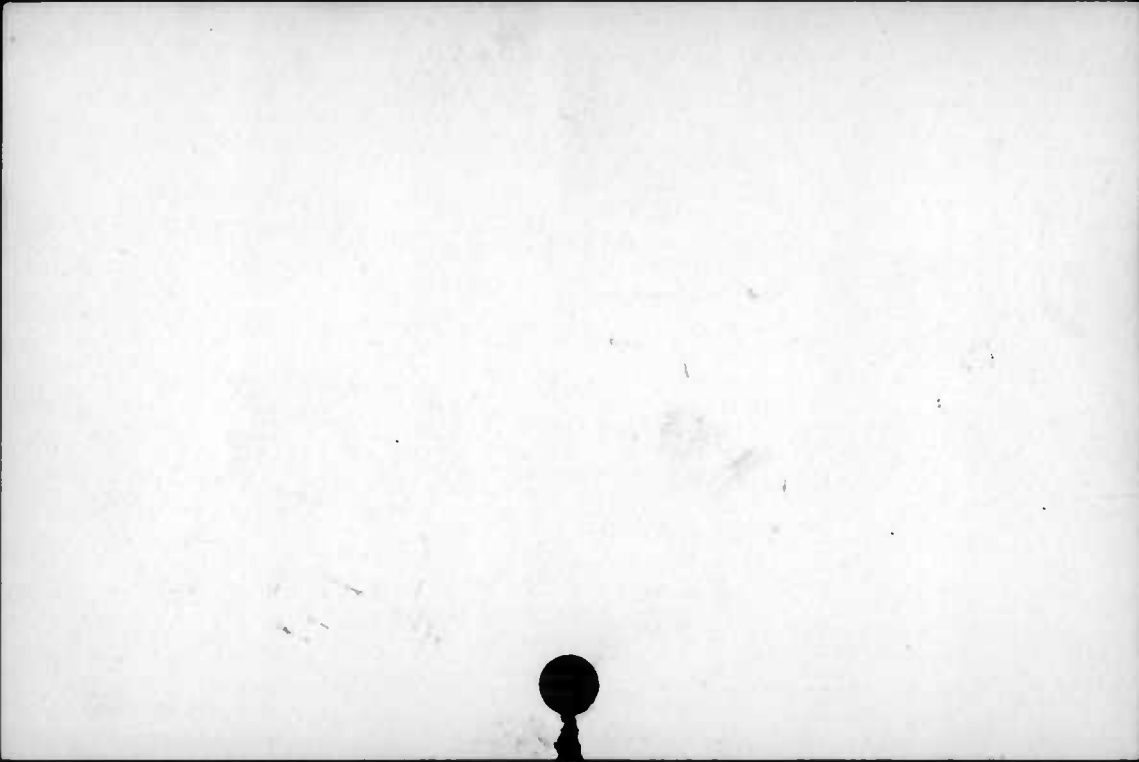
Name <i>Marcellus Aaron</i>		Town <i>Fishing Creek</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Fishing Creek</i>		Month <i>Sept.</i>		Day <i>10th</i>		Years <i>67</i>	
Date of death <i>1907</i>		Age <i>67</i>		Months <i>0</i>		Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Dorchester Co.</i>			
Occupation <i>Sailor</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Sarah E. Aaron</i>					
Father's Name <i>John Aaron</i>		Father's Birthplace <i>Dorchester Co.</i>					
Mother's Maiden Name <i>Eliza Tall</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Sarah E. Aaron</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis, asthmic type</i>	How long	<i>2 years</i>
Immediate	<i>General breakdown paralysis</i>	How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Houston</i>	
<i>Yes</i>		Address <i>Fishing Creek Md</i>	
Accident or Suicide?			



Name
in
FullBanks
County
Baltimore
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

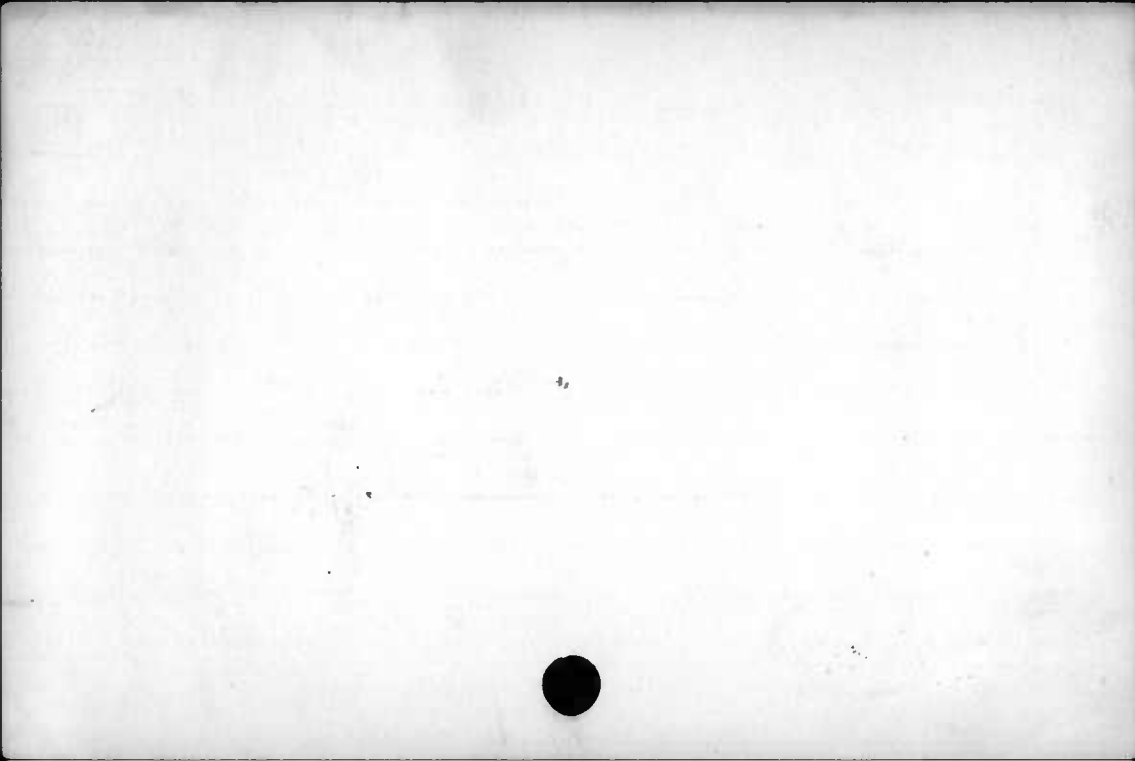
Died at <i>near Church Creek</i>		Town <i>Church Creek</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Feb</i>		Day <i>23</i>		Age <i>3</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birthplace <i>near Church Creek</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Joseph Banks</i>				Father's Birthplace <i>Dorchester Md</i>			
Mother's Maiden Name <i>Lilly Buxton</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Joseph Banks</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

1152

PHYSICIAN
OR CORONER

Primary <i>Hemorrhage at Ventricles</i>	How long <i>Four hours</i>
Immediate <i>Heart failure</i>	How long <i>Half hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Peter E. Brown</i>
	Address <i>Baltimore Md</i>
Accident or Suicide?	



Name
in
Full

Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cambridge Town

Anchorage County

Date of death 1907 Oct

Day 14

Age Years

Months

Days 26

Sex Male

Color or Race

Colored

Birth place

Cambridge Md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Fred. J. Camper

Father's Birthplace

Orlando

Mother's Maiden Name

Mina Prichard

Mother's Birthplace

Orlando

Name of person giving information

Mina Camper

How related to deceased

Mother

CAUSES OF DEATH

176

Primary

Suffocated from overdosing

How long

Suddenly

Immediate

Mortar epileptic

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Guy Steele

Address

Cambridge Md.

Accident or Suicide?



Name
in
Full

Mary Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>vienna</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>october</i>	Day <i>25th</i>	Years <i>80</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland.</i>		
Occupation <i>House work</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Sevin Camper</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden-Name <i>Anderson</i>		Mother's Birthplace <i>Anderson</i>			
Name of person giving information <i>George W Camper</i>		How related deceased <i>Son.</i>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>—</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D H Blauk</i>
	Address <i>vienna Mo.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *John W. Lephias* Town *Finchville* County *Dor*

Died at *Finchville*

Date of death *1907* Month *Oct* Day *25* Age *15* Years Months Days

Sex *male* Color or Race *black* Birth place *md*

Occupation *laborer* Where Residing if not at place of death

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *Peter K Lephias* Father's Birthplace *md*

Mother's Maiden Name *Eliza Goulden* Mother's Birthplace *md*

Name of person giving information *Peter Lephias* How related to deceased *father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

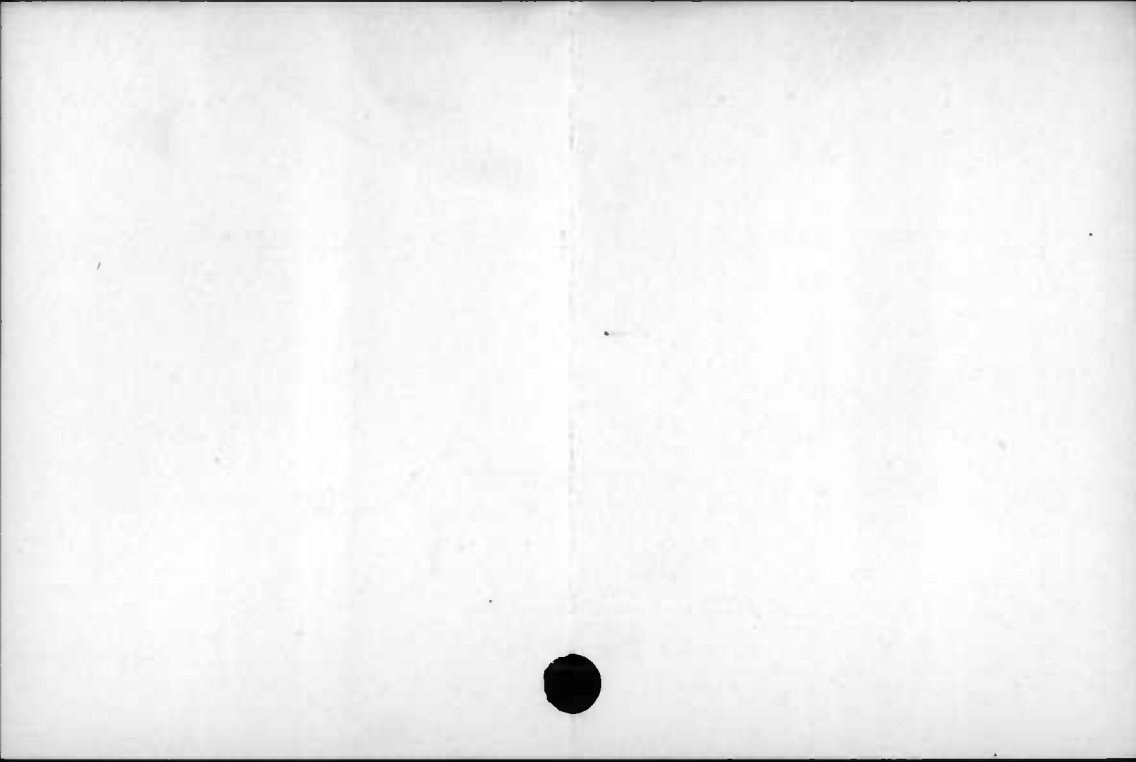
Primary *Phthisis* How long *1 year*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R Kemp Jefferson* Address *Federalburg md*

Accident or Suicide?



Name
in
Full

William Cephus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge ^{Town} County _____

Date of death 1907 ^{Month} Oct ^{Day} 19 Age 4 ^{Years} 4 ^{Months} 2 ^{Days}

Sex male Color or Race Black Birth-place Cambridge

Occupation Baby Where Residing if not at place of death Cambridge

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Herman Cephus Father's Birthplace Cambridge

Mother's Maiden Name Emma Tripp Mother's Birthplace Cambridge

Name of person giving information Jerry Hull How related to deceased none

CAUSES OF DEATH

103-

PHYSICIAN
OR CORONER

Primary Gastroenteritis How long any day

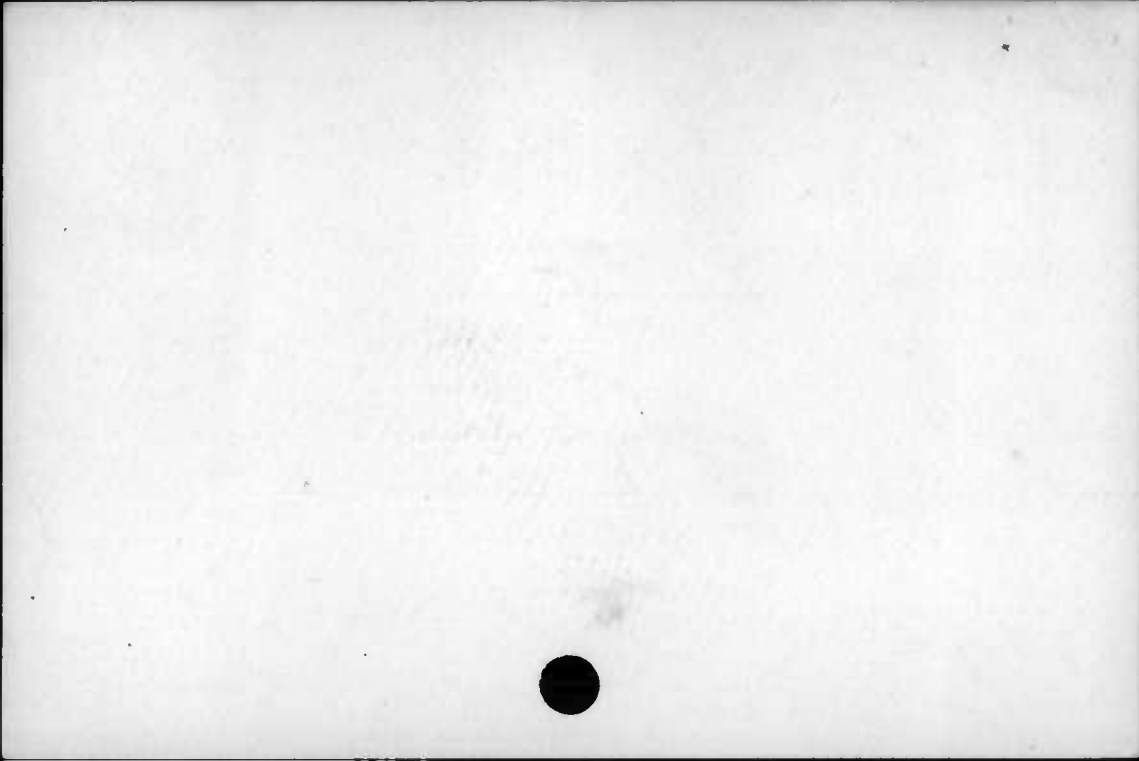
Immediate Infant How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Jerry Hull

Address Cambridge N.H.

Accident or Suicide? _____



Name
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CERTIFICATE OF DEATH

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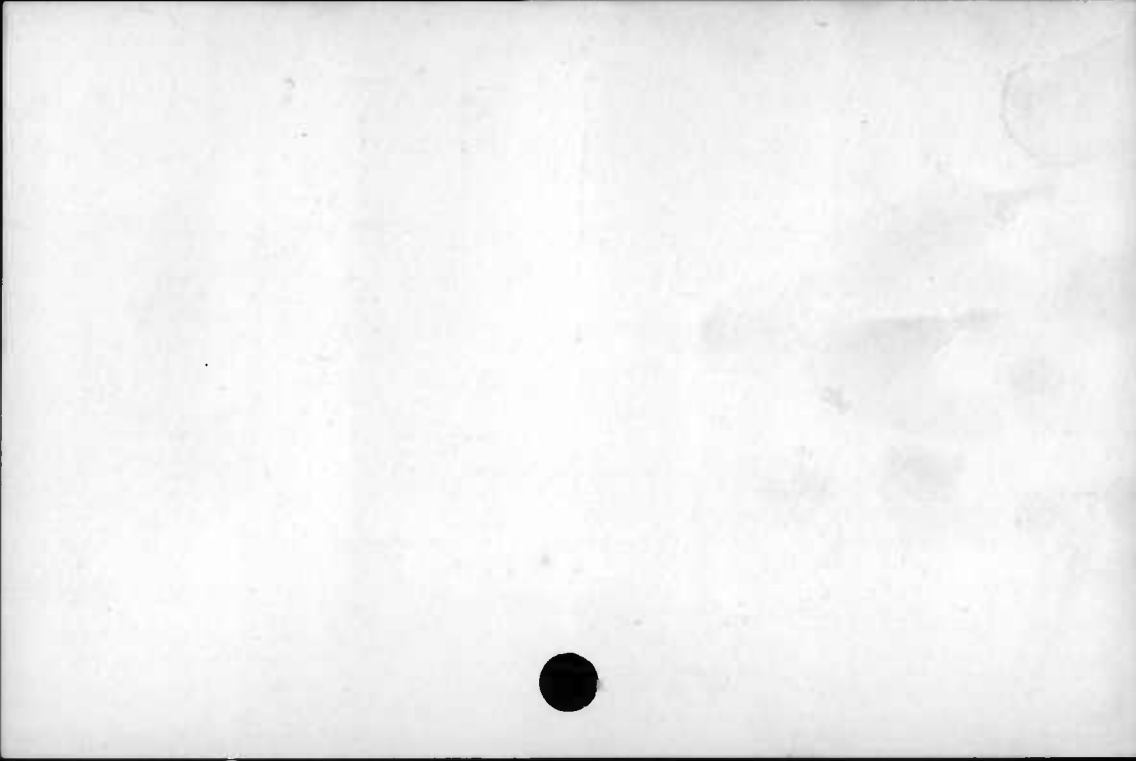
Died at		Town <i>Eldorado</i>		County <i>Blanco</i>		State <i>MARYLAND</i>	
Date of death	1907	Month <i>Oct</i>	Day <i>8</i>	Age <i>1</i>	Years <i>8</i>	Months <i>8</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Christian</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Artie M. Evers</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Franklin + Son</i>		How related to deceased <i>not related</i>					

CAUSES OF DEATH

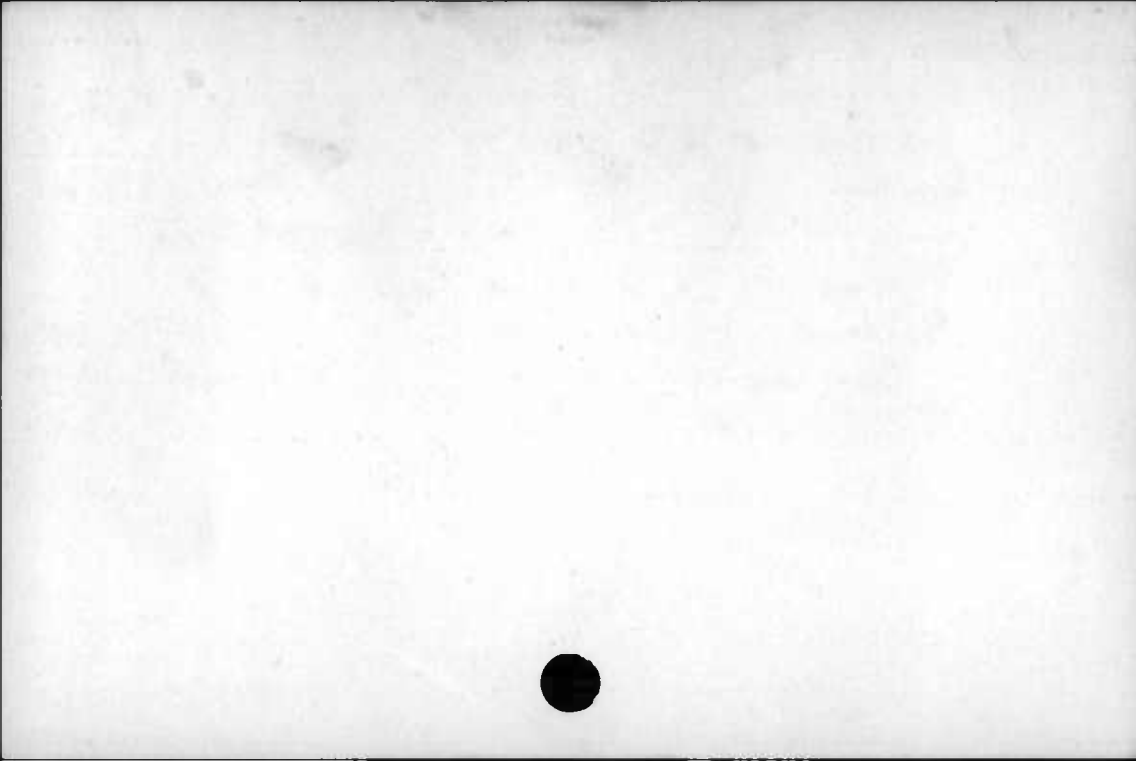
105

PHYSICIAN
OR CORONER

Primary <i>Enteric</i>	How long <i>3 weeks</i>
Immediate <i>Colitis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. A. Maguire</i>
	Address <i>Hardhat Ind</i>
Accident or Suicide? <i>—</i>	



Name in Full		Benjamin Conway				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Harrison				Anchorage		
		Date of death		1907	Month	10	Day	10
		Age		80	Years	10	Months	—
		Sex		Male	Color or Race		white	Birth-place
TO BE ANSWERED BY NEAREST FRIEND		Occupation		Farmer		Where Residing if not at place of death		
		Married, Single or Widowed		Single		Name of Wife or Husband		
		Father's Name		Menas Conway		Father's Birthplace		
		Mother's Maiden Name		Sallie Skinner		Mother's Birthplace		
		Name of person giving information				How related to deceased		
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		134						
		Primary		old age				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		How long				
PHYSICIAN OR CORONER		Signature of Physician		Jas. H. Smith				
		Address		Anchorage Ind				
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDIrene Craig
Town

County

MARYLAND

Died at Cambridge

Dorchester

Date of death 1907

Month

October

Day

7th

Years

Age 54.

Months

1.

Days

—

Sex Female

Color or
Race

White

Birth-
place

Maryland.

Occupation

Housewife

Where Residing if not
at place of death

Cambridge.

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Charles Page Craig.

Father's
Name

Nathaniel Dashiell

Father's
Birthplace

Maryland.

Mother's
Maiden Name

Clarissa Kennerly.

Mother's
Birthplace

Maryland.

Name of person giving
In formation

Louise Irene Craig

How related
to deceased

Daughter.

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary

Carcinoma of liver - metastases

How long

10 months

Immediate

Gradual Ebb of strength

How long

—

Are the name, age, sex, color, date
and place correctly given above?

y/s

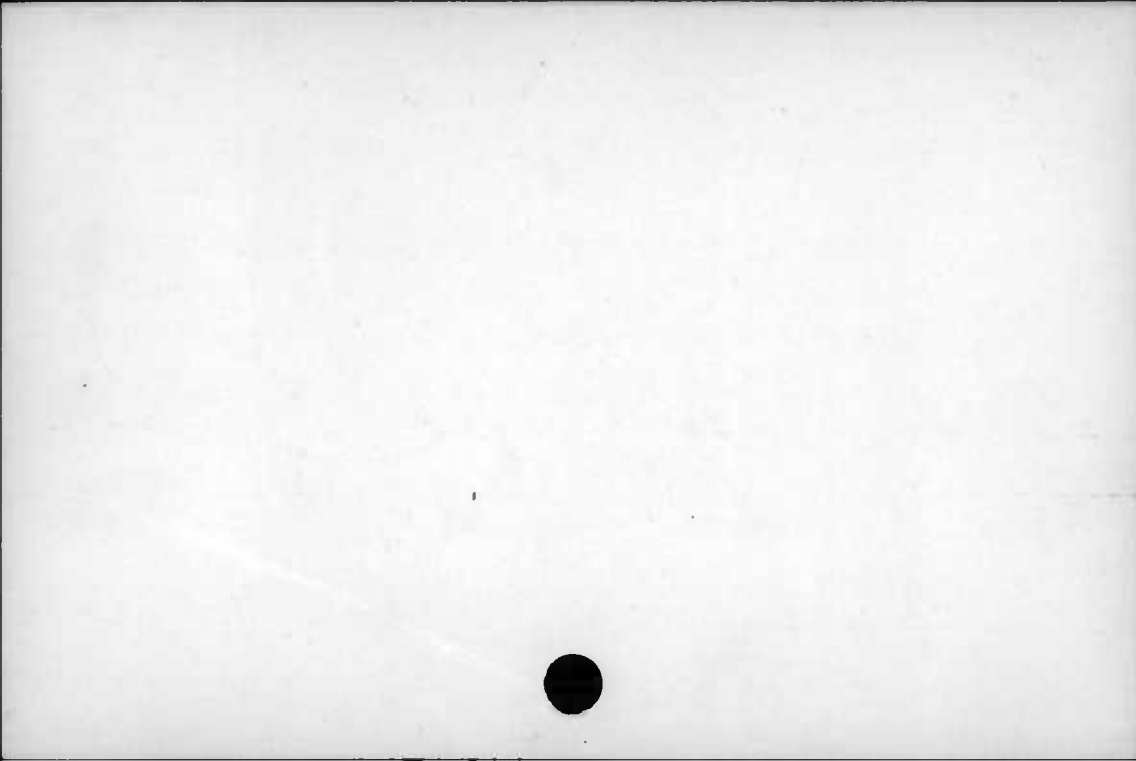
Signature of
Physician

Guy Stull

Address

Cambridge, Md.

Accident or Suicide?



Name
in
Full

Thomas Curtis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

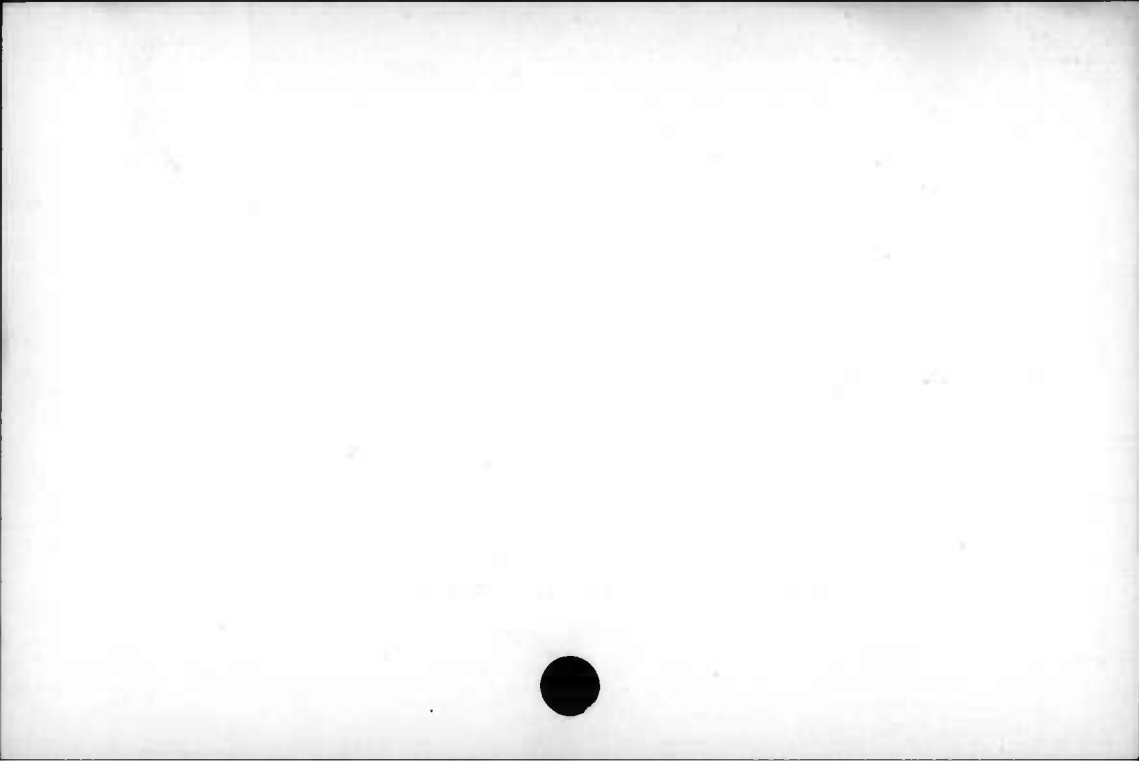
Died at <u>Vienna</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND			
Date of death	<u>1907</u> ^{Year}	<u>October</u> ^{Month}	<u>19</u> ^{Day}	<u>Unknown</u> ^{Years}	<u>Unknown</u> ^{Months}	<u>Unknown</u> ^{Days}	
Sex	<u>Male</u>		Color or Race	<u>Colored</u>		Birth-place	<u>Unknown</u>
Occupation	<u>Laborer</u>			Where Residing if not at place of death			
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Ann Curtis</u>			
Father's Name	<u>Levin Curtis</u>			Father's Birthplace	<u>Somerset Co.</u>		
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>" "</u>		
Name of person giving information	<u>Samuel K James</u>			How related to deceased	<u>Friend</u>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>Unknown</u>	How long	<u>Unknown</u>
Immediate	<u>Unknown</u>	How long	<u>Unknown</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>D. H. Blank</u>
		Address	<u>Vienna Md</u>
Accident or Suicide?			



Name
in
Full

Nellie Dayton

CERTIFICATE OF DEATH

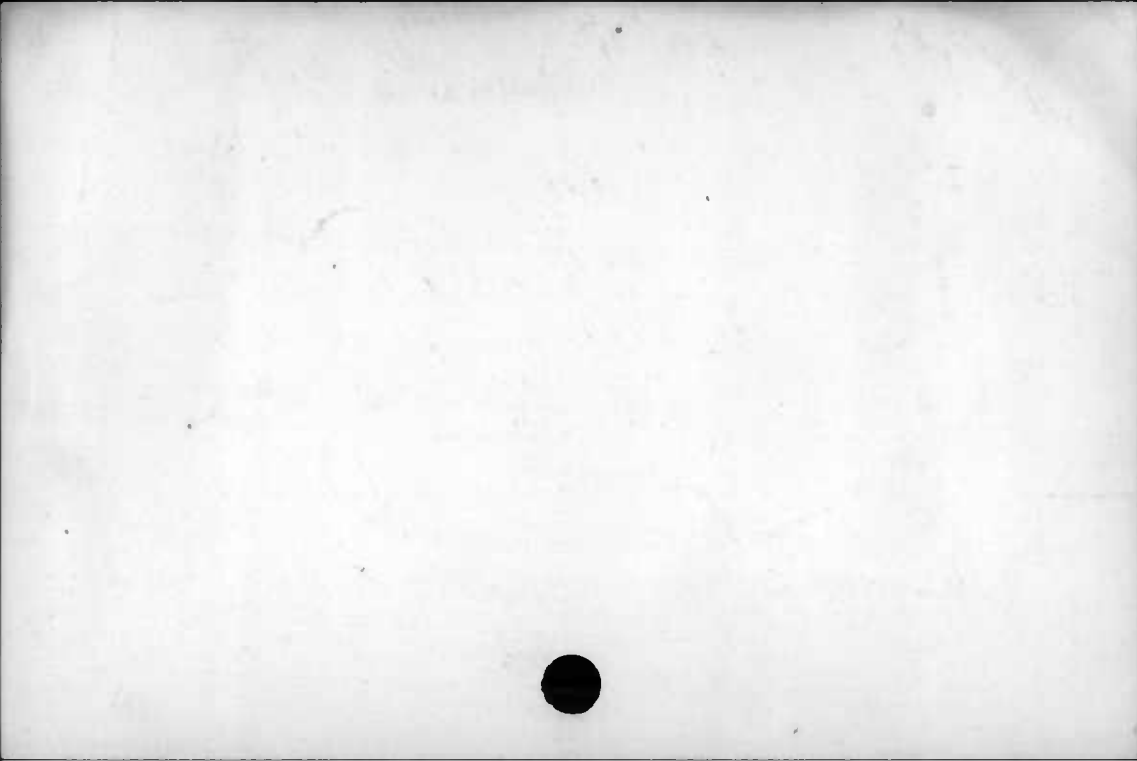
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blackwater Bridge</i>		Town <i>Blackwater Bridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Oct.</i>		Day <i>20.</i>		Age <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Blackwater Bridge</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George E. Dayton</i>					
Father's Name <i>James Horseman</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Louisa Mcobray</i>		Mother's Birthplace <i>Dr. Co. Md.</i>					
Name of person giving information <i>George E. Dayton</i>		How related to deceased <i>Husband</i>					

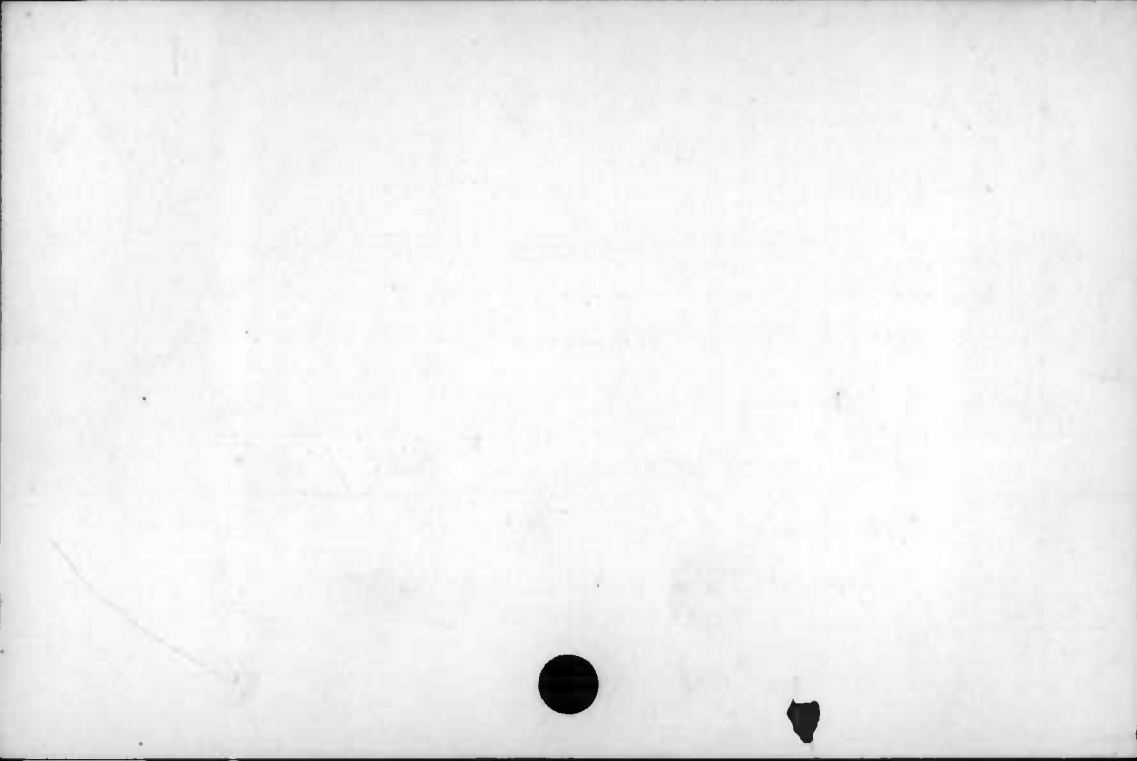
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric Fever</i>	How long <i>Eighteen days</i>
Immediate <i>Humor began followed by profuse</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor H. Carroll</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide?	



Name in Full		Glades Dutton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cambridge		County Dorchester Co		MARYLAND	
	Date of death	1907	Month Oct	Day 16	Age	Years 16	Months Days
	Sex	Female		Color or Race		Black	
	Occupation	Cook		Where Residing if not at place of death		Cambridge	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	George Dutton		Father's Birthplace		Cambridge	
	Mother's Maiden Name	Mrs. Frances D. Smith		Mother's Birthplace			
	Name of person giving Information	Edward Jolley		How related to deceased		Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid fever acute nephritis				How long	about 10 days
	Immediate	uracemia - complete suppression				How long	10 days
	Are the name, age, sex, color, date and place correctly given above?		Y/3		Signature of Physician		W. J. Little
					Address		Cambridge, Md.
	Accident or Suicide?		Died in Cambridge, Md.				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

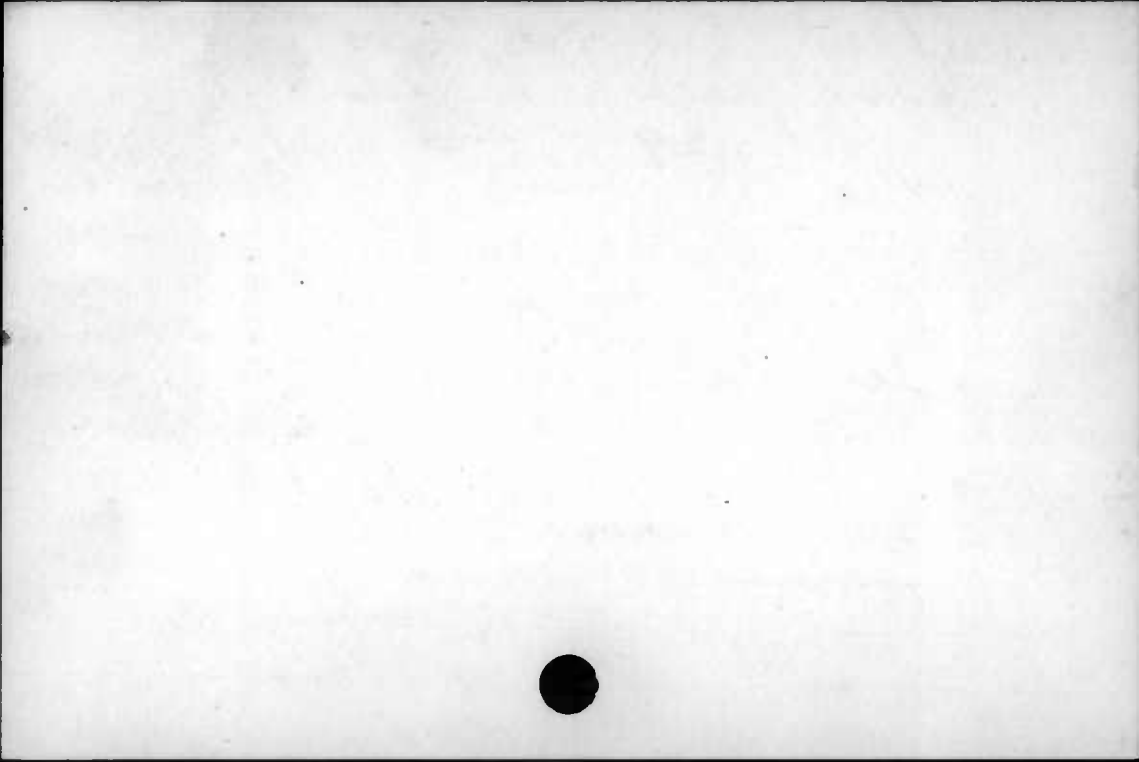
Name in Full <i>Roy Eagon</i>		Town <i>East New Market</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Month <i>Oct</i>		Day <i>22</i>		Years <i>10</i>	
Date of death <i>1907</i>		Age <i>10</i>		Months <i>10</i>		Days <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>East New Market</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>East New Market</i>					
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband —					
Father's Name <i>Charles Eagon</i>		Father's Birthplace <i>Hawbury, Md.</i>					
Mother's Maiden Name <i>Lillie Moore</i>		Mother's Birthplace <i>East New Market</i>					
Name of person giving information <i>Bertie Windsor</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>10 months</i>
Immediate <i>Pulmonary congestion</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. V. Harbaugh, M.D.</i>
	Address <i>622 W Lombard St.,</i>
	<i>Baltimore</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant Travers Elliott

Died at Fishing Creek Town Dorchester County

MARYLAND

Date of death 1907 Oct 29 Age 1 Months 4 Days

Sex Male Color or Race White Birth-place Fishing Creek

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Edward Elliott Father's Birthplace Dorchester Co

Mother's Maiden Name Marinda Travers Mother's Birthplace Fishing Creek

Name of person giving information Edward Elliott How related to deceased Father

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

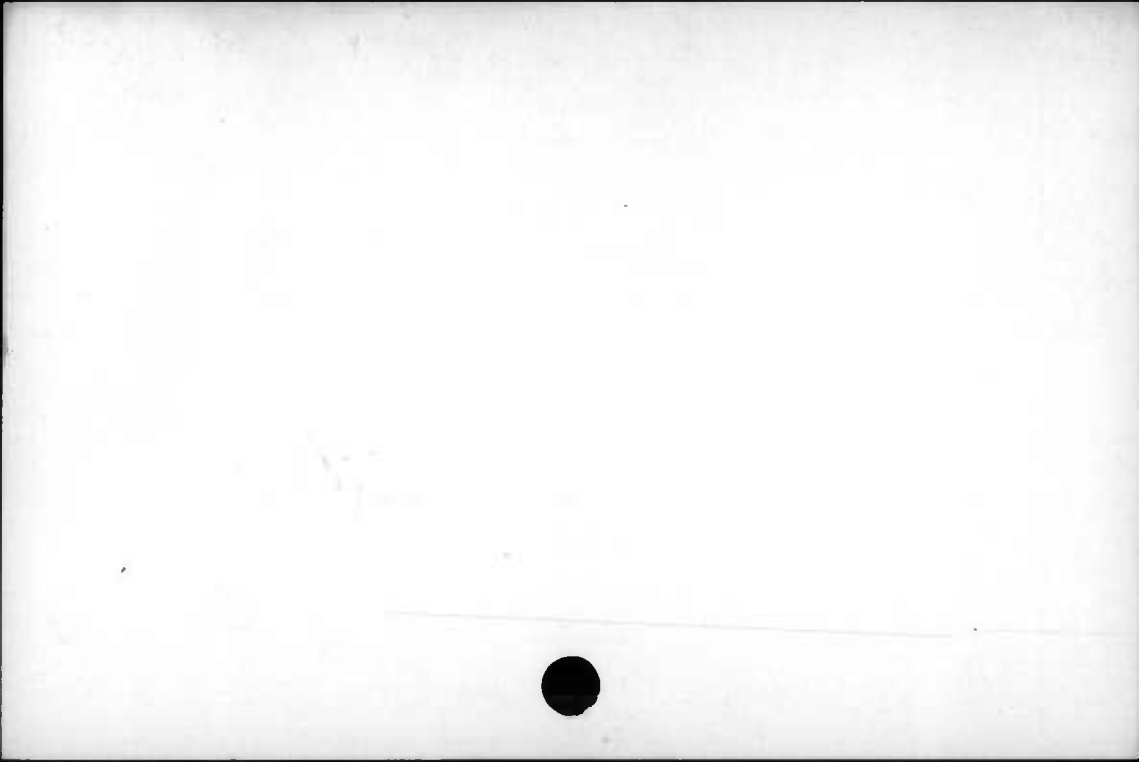
Primary Not known How long 1 1/2 Hours

Immediate Supposed Epiglottitis How long _____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J H Houston Address Fishing Creek

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

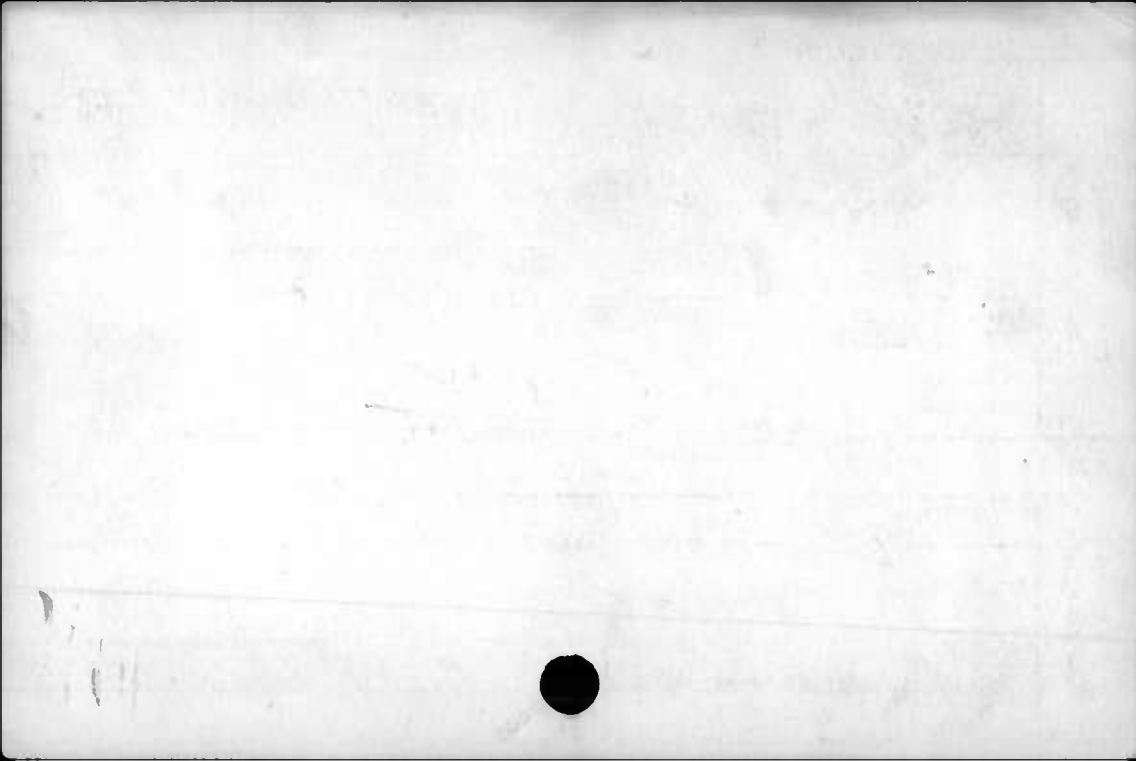
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salem</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>28</i>	Age <i>82</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Dorchester Co</i>			
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>James Gore</i>				
Father's Name <i>Samuel Soul</i>	Father's Birthplace <i>Dorchester</i>				
Mother's Maiden Name <i>Anna Dixon</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Newton Stapleford</i>	How related to deceased <i>Son law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Bowls</i>	How long <i>29</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jm J. Abdell Jr</i>
	Address
Accident or Suicide?	



Name
in
Full

Daniel Henson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamburg		County Brocken		MARYLAND	
Date of death	1907	Month Oct	Day 7	Age 41	Years	Months	Days
Sex	Male		Color or Race	Colored		Birth-place	Md
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Josephine Henson			
Father's Name						Father's Birthplace	Md
Mother's Maiden Name						Mother's Birthplace	Md
Name of person giving information	David B. Keene					How related to deceased	Wife's Cousin

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary	Cancer of Intestine	How long	2 yrs
Immediate		How long	2 yrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician O. H. Maguire	
		Address Hurler	
Accident or Suicide?		Md	



Name
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Tom Henson

CERTIFICATE OF DEATH

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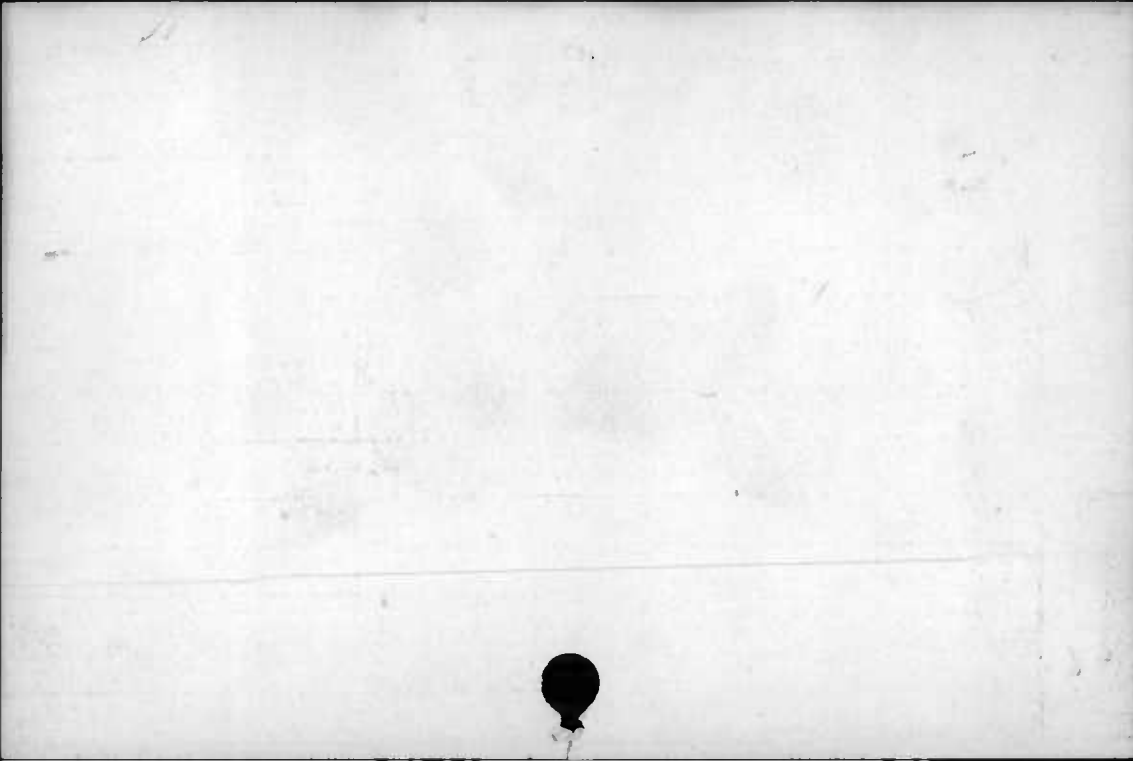
Died at <u>Cambudgen</u> ^{Town}		<u>Dorchester Co</u> ^{County}		<u>MD MARYLAND</u>	
Date of death <u>1907</u>	<u>Oct-</u> ^{Month}	<u>23</u> ^{Day}	Age <u>5-7</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Cambudgen</u>		
Occupation <u>House Keeper</u>			Where Residing if not at place of death <u>Cambudgen</u>		
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>ping Henson</u>			
Father's Name <u>John Jackson</u>			Father's Birthplace <u>Cambudgen</u>		
Mother's Maiden Name <u>Farm Jackson</u>			Mother's Birthplace <u>Cambudgen</u>		
Name of person giving information <u>Hattie Boggs</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Apoplexy</u>	How long <u>48 hours</u>
Immediate <u>Heart Failure</u>	How long <u>very short</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E.E. Wolff</u>
	Address <u>Cambridge, Md</u>
Accident or Suicide? <u> </u>	



Name
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CERTIFICATE OF DEATH

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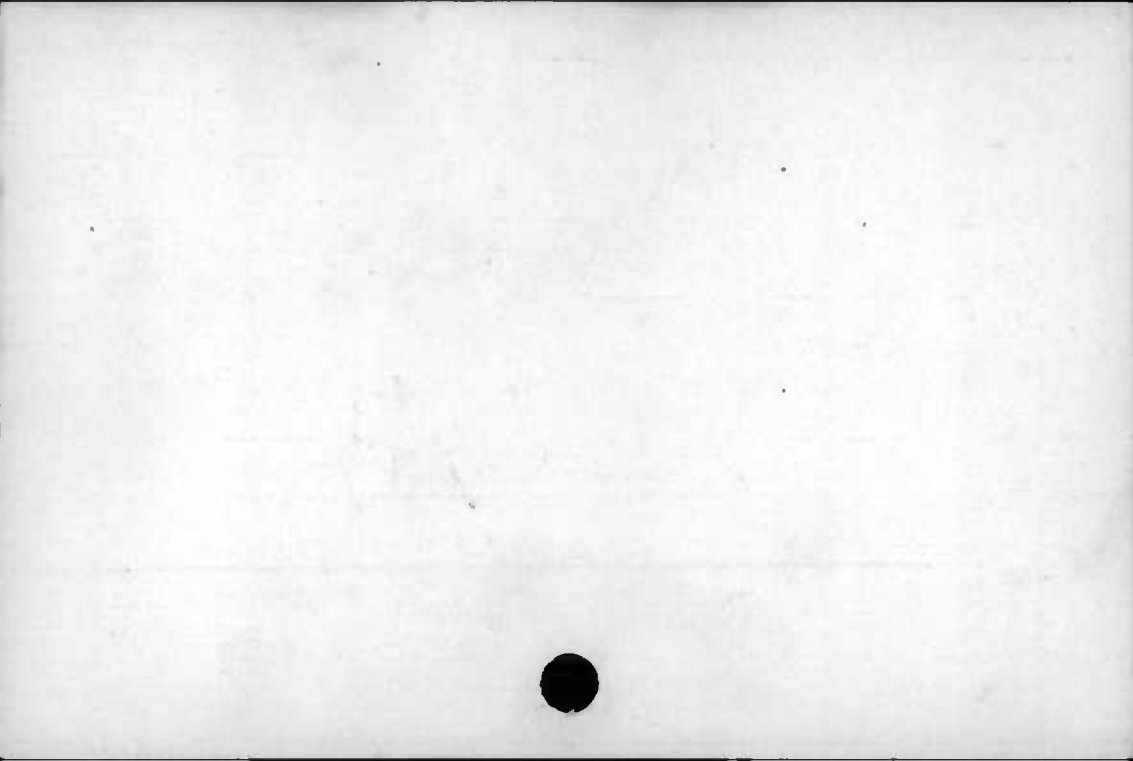
Died at		Town		County		State	
Linkwood		Dorchester Co		Md		MARYLAND	
Date of death	1907	Month	Oct	Day	23	Years	38
Sex	male		Color or Race	Black		Birthplace	Cambodge
Occupation	Manner		Where Residing if not at place of death				
Manner	Single		Name of Wife or Husband				
Father's Name	John W Hughes		Father's Birthplace				
Mother's Maiden Name	Fannie G Pinder		Mother's Birthplace				
Name of person giving information	Fannie Hughes		How related to deceased				
						Sister	

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary	Phases of Lung	How long	8 months
Immediate	Hemiplegia	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Victor E. Carroll	
Address		Cambodge, Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sina J. Hughes

MARYLAND

Died at *Bucktown* TownCounty *Dorchester*

Date

of death *1907*

Month

Oct

Day

24th

Age

Years

42

Months

Days

Sex

*Female*Color or
Race*Colored*Birth-
place*Drawbridge*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Widow*Name of Wife or
HusbandFather's
Name*Robert R. Bryan*Father's
Birthplace*E. N. Market*Mother's
Maiden Name*Susie Stanley*Mother's
Birthplace*Drawbridge*Name of person giving
information*Robert R. Bryan*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Typhoid fever

How long

about 10 months

Immediate

typhoid

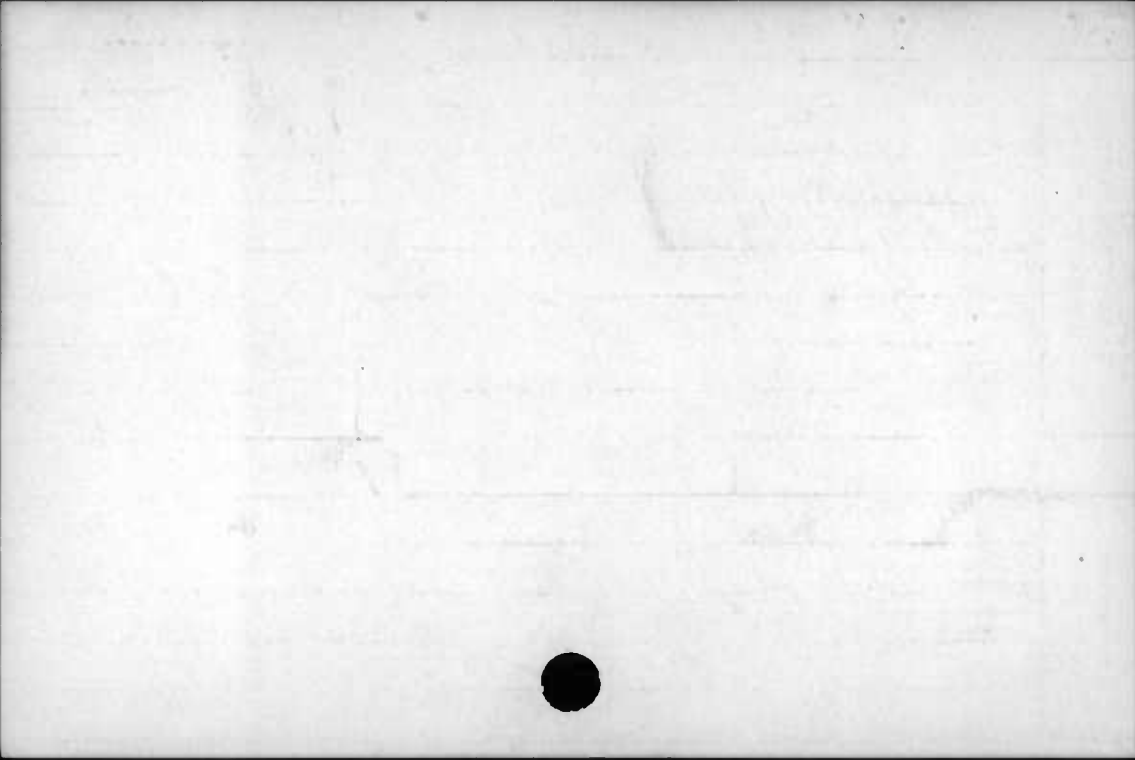
How long

*2 months*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

John Mace
Drawbridge Md

Accident or Suicide?



Name
in
Full

Lee H. Hurst

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

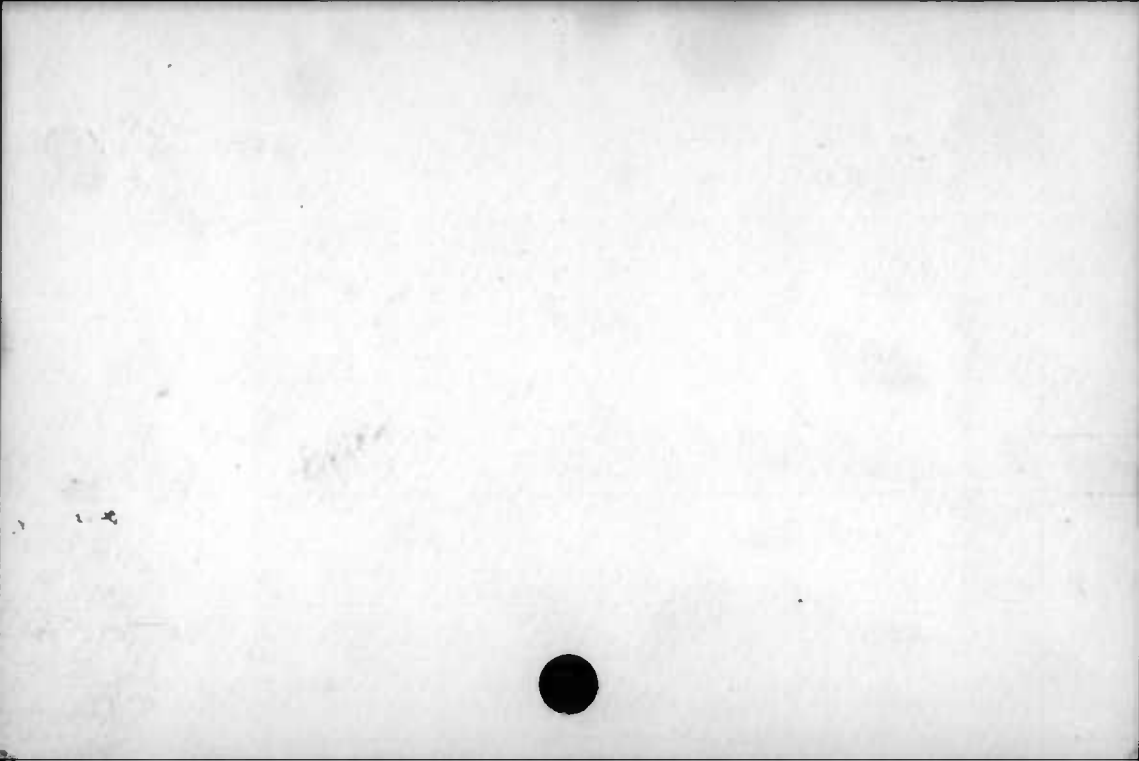
Died at <u>Secretary</u> ^{Town}			<u>Dorchester</u> ^{County}			MARYLAND			
Date of death	1907	Month	10	Day	31	Age	Years	Months	Days
Sex	Male		Color or Race	White		Birth-place	Dorchester		
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				Chas L. Hurst			Father's Birthplace		Dorchester
Mother's Maiden Name				May Bradshaw			Mother's Birthplace		11
Name of person giving information				Chas L. Hurst			How related to deceased		Father

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	Meningitis	How long	5 days
Immediate	Con. Pul. vom.	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Y		D. J. Macdonald	
		Address	
		H. L. K. M.	
Accident or Suicide?			
-			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Aaron Johies*

Died at *Near Shulock* Town *Dorchester* County *MARYLAND*

Date of death *1907* Month *10* Day *11* Age *26* Years Months *10* Days *16*

Sex *Male* Color or Race *Colored* Birth-place *Md*

Occupation *Former* Where Residing if not at place of death *Dance*

Married, Single or Widowed *Married* Name of Wife or Husband *Alberta Webb*

Father's Name *Aaron Johies* Father's Birthplace *Md*

Mother's Maiden Name *Edna Ann Truxon* Mother's Birthplace *Md*

Name of person giving information *Aaron Johies* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Intestinal Obstruction* How long *36 Hours*

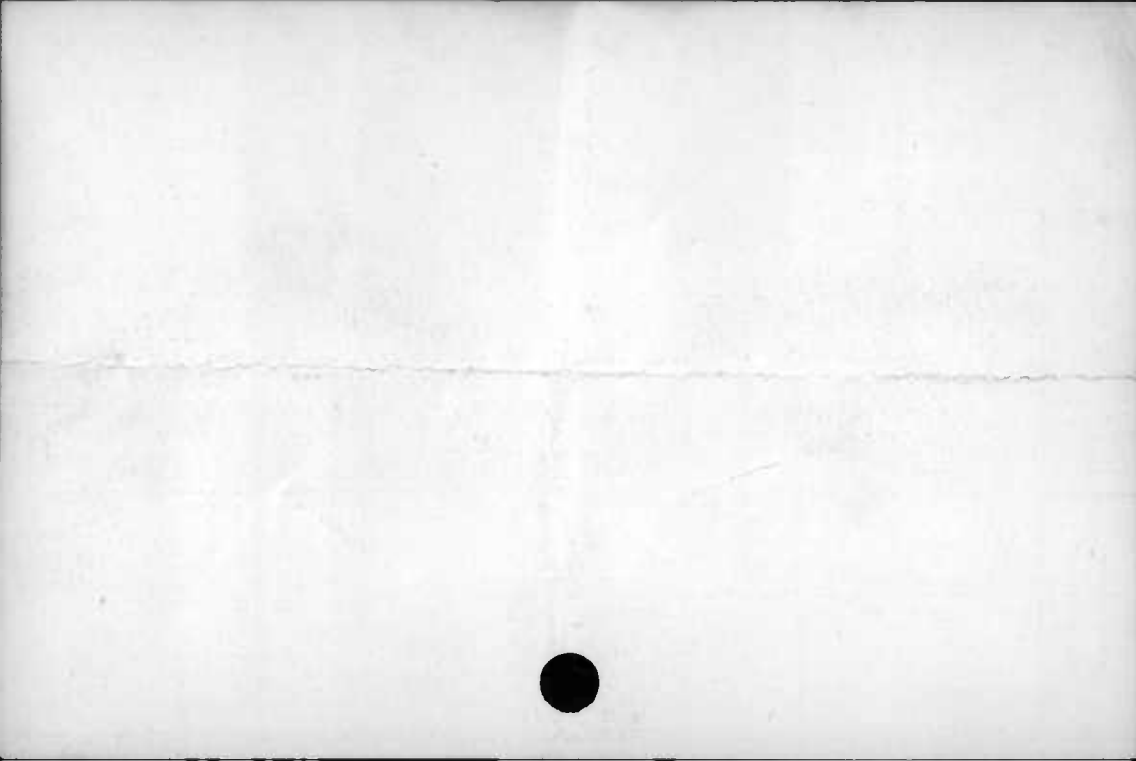
Immediate *Gen. Peristaltics - Shock.* How long *30 Hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Raymond Downes -*

Address *Preston*

Accident or Suicide?



Name in Full Jane Johnson		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cambridge	Town Dorchester	County MARYLAND
	Date of death 1907	Month Oct	Day 8
	Age 70	Years 70	Months
	Sex Female	Color or Race Black	Birth-place MD
	Occupation House Keeper	Where Residing if not at place of death Sirris	
	Married, Single or Widowed Widowed	Name of Wife or Husband Usher Johnson	
	Father's Name Unknown	Father's Birthplace Unknown	
Mother's Maiden Name Unknown	Mother's Birthplace Unknown		
Name of person giving information John B. Vahl	How related to deceased Wife		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Heart trouble	How long about 1 year	
	Immediate unk. Known	How long unk. Known	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician John M. [unclear]	
		Address Cambridge Md	
	Accident or Suicide?		

179



Name
in
Full

CERTIFICATE OF DEATH

Name *Mariah Jollie*Died at *East New Market* ^{Town} *Dorchester* ^{County}

MARYLAND

Date of death *1907* ^{Month} *10* ^{Day} *18* ^{Years} *85* ^{Months} ^{Days}Sex *Female* Color or Race *colored* Birth-place *Dorchester*Occupation *Mid Wife* Where Residing if not at place of death~~Married, Single or Widowed~~ Name of Wife or Husband *Moses Jollie*Father's Name *John Waters* Father's Birthplace *Dor Co*Mother's Maiden Name *dout / Enwer* Mother's Birthplace *" "*Name of person giving information *Joseph S Jollie* How related to deceased *son*

CAUSES OF DEATH

Primary *Old age* *154* How long *ten months*

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

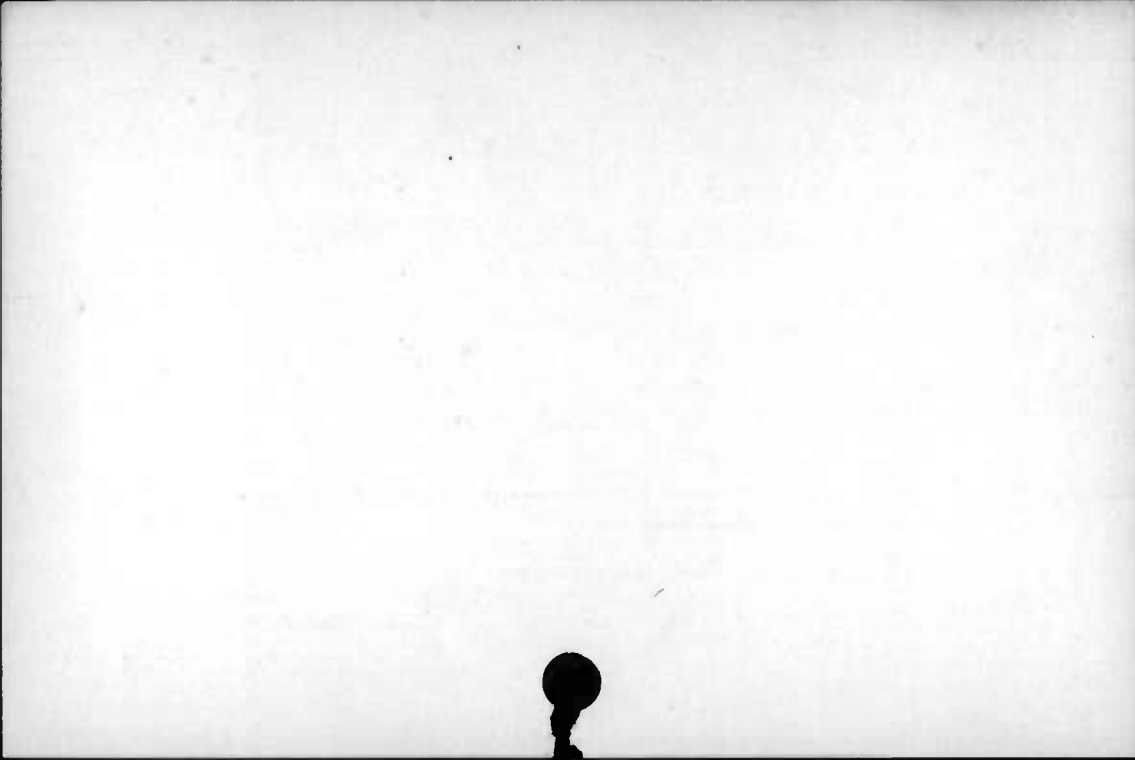
Signature of Physician *None*Address *Wm J. Adell MD*

Accident or Suicide?

*assess good health*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		J. Frank Jones				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cambridge		County Winchester		MARYLAND		
	Date of death	1907	Month Oct	Day 14	Age 43	Months —	Days —	
	Sex	Male		Color or Race	White		Birth- place	Ind.
	Occupation	Farmer			Where Residing if not at place of death			Henderson Md.
	Married, Single or Widowed	Not known		Name of Wife or Husband		Not known		
	Father's Name	Not known				Father's Birthplace	Not known	
	Mother's Maiden Name	Not known				Mother's Birthplace	Not known	
Name of person giving information	Cambridge Health Records					How related to deceased	None	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">①</div>								
PHYSICIAN OR CORONER	Primary	Typhoid fever				How long	Three weeks	
	Immediate	Exhaustion intestinal hemorrhage				How long	1 week	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		E. E. Wolff	
					Address		Cambridge Md.	
Accident or Suicide? <input type="checkbox"/>								



Name
in
Full

William Wirt LeCompte

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

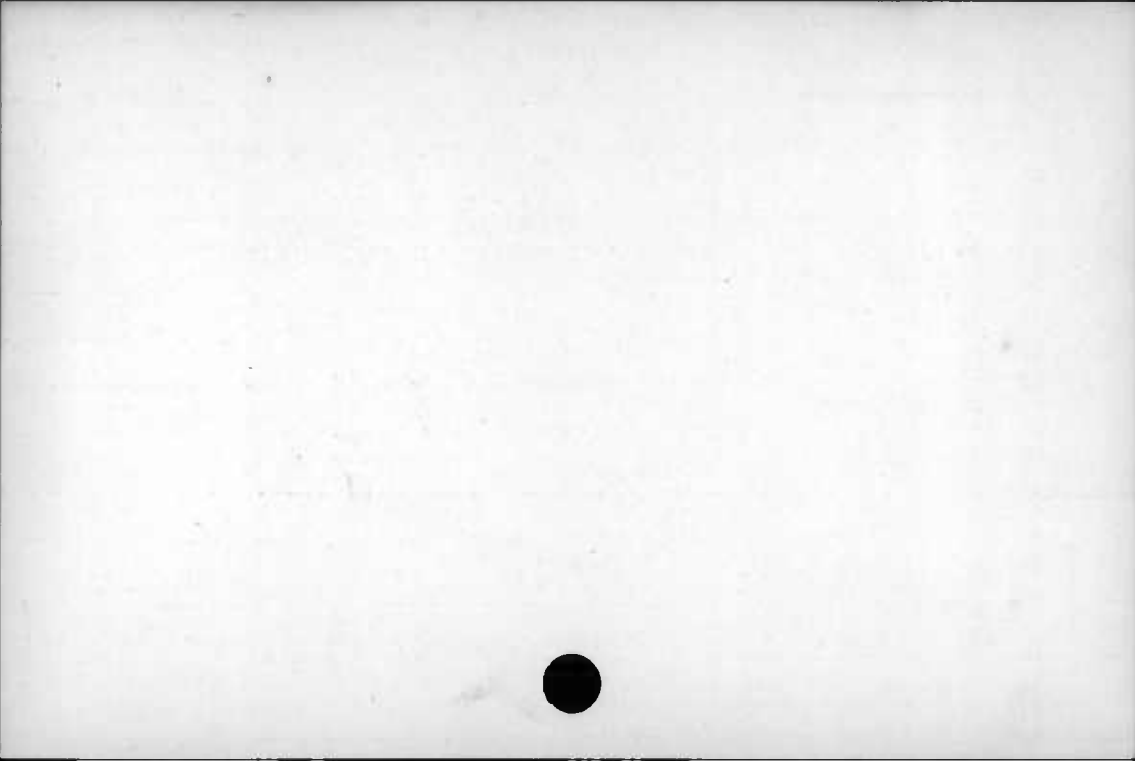
Died at <i>Cambridge</i>		Tcwn <i>Dorchester</i>		County		MARYLAND	
Date of death	1907	Month	Oct.	Day	24	Age	57
Sex	Male	Color or Race	White	Birth-place	Maryland	Months	7
Occupation	Salesman		Where Residing if not at place of death		Cambridge		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Wm B. LeCompte		Father's Birthplace		Maryland		
Mother's Maiden Name	Sarah B. Keene		Mother's Birthplace		"		
Name of person giving information	Charles A. LeCompte		How related to deceased		Brother		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Chronic Enteritis	How long	20 years
Immediate	Gadusea Edhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yhs	
Signature of Physician		Guy Steele	
Address		Cambridge Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Leonard Culbert Lewis

Town Fishing Creek County Dorchester MARYLAND

Died at Fishing Creek

Date of death 1907 Oct 23rd Age 2 Months 5 Days 4

Sex male Color or Race white Birth-place Dorchester

Occupation infant Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Tom. R. Lewis of W.Father's Birthplace Dorchester Co.Mother's Maiden Name Effie M. HooperMother's Birthplace Dorchester Co.Name of person giving information Wm. R. LewisHow related to deceased father

Burn by fire from kerosene oil thrown into stove.

CAUSES OF DEATH

167

Primary Burns of face & neck, upper How long 24 hours

Immediate extremities, chest & body How long _____

Are the name, age, sex, color, date and place correctly given above? yesSignature of Physician W. H. Hooper M.D.Address Fishing Creek Md.
(over)Accident or Suicide? accidentPHYSICIAN
OR CORONER

Child was burned by fire caused by kerosene oil thrown into stove and upon clothing. No one was present at the time — so death must have been accidental: due to negligence.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Frank W. Messick*

Town *Cambridge* County *Oparchustin* MARYLAND

Died at *Cambridge*

Date of death *1907* Month *Oct* Day *22* Age *37* Years Months Days

Sex *Male* Color or Race *White* Birth place *Md.*

Occupation *Sailor* Where Residing if not at place of death *Cambridge*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *John A. Messick* Father's Birthplace *Md.*

Mother's Maiden Name *Neelen Taylor* Mother's Birthplace *"*

Name of person giving information *Neelen Messick* How related to deceased *Mother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *2 years*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Y/bs

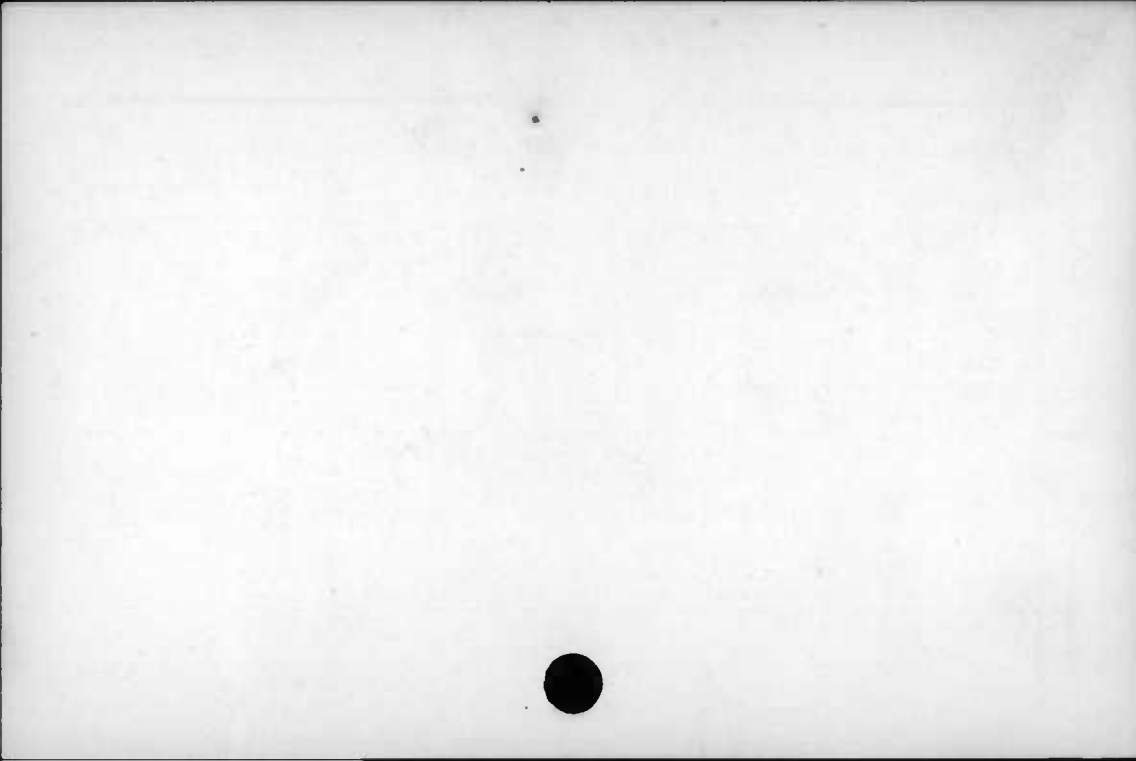
Signature of Physician

Guy Steel

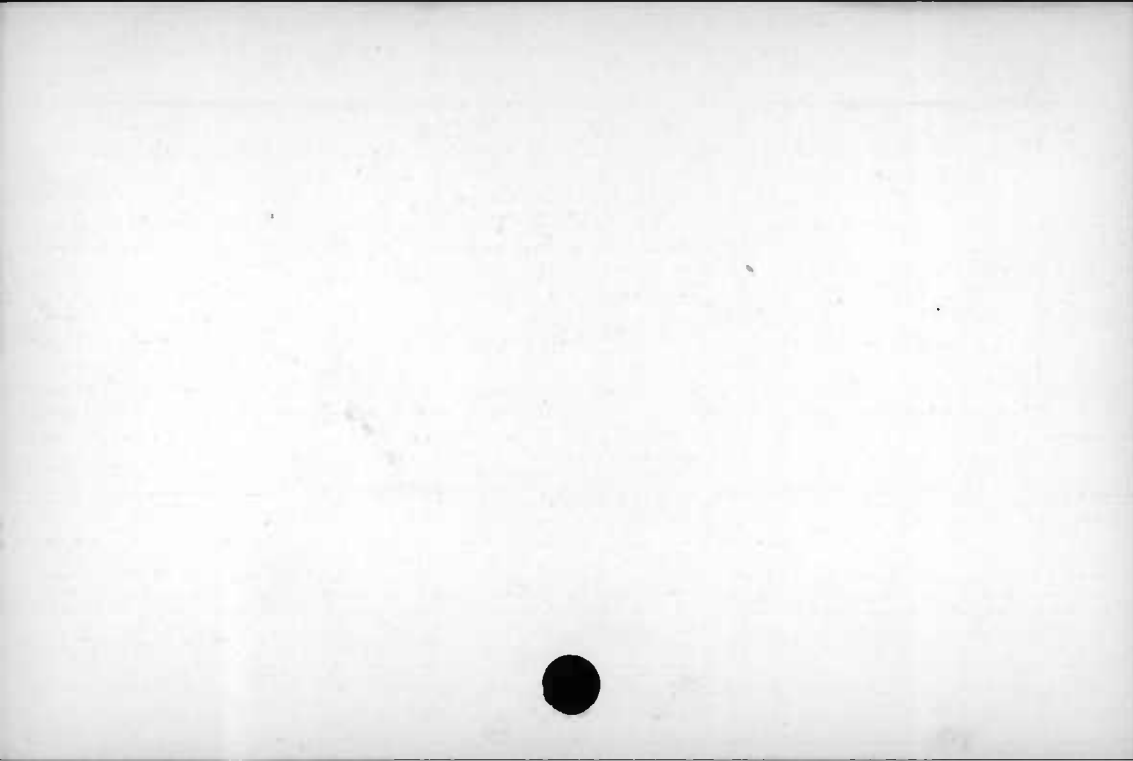
Address

Cambridge Md.

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town Died at <i>Cambridge</i>		County <i>Dorchester</i>	
		Date of death <i>1907</i>		Age <i>72</i>	
		Month <i>Oct.</i>		Years <i>6</i>	
		Day <i>11</i>		Months <i>24</i>	
		Sex <i>Male</i>		Birth-place <i>Washington D.C.</i>	
		Color or Race <i>White</i>			
		Occupation <i>Shoemaker</i>		Where Residing if not at place of death <i>Cambridge, Md.</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah R. Mowbray</i>			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>George S. Mowbray</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH					
Primary <i>Chronic Malaria</i>		How long			
Immediate <i>" "</i>		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address <i>Clement S. Mowbray</i> <i>Sub. Registrar</i>			
Accident or Suicide?					



Name
in
Full

Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Litchfield</u> Town		<u>Oct</u> County <u>Orchester</u>		MARYLAND	
Date of death	1907	Month	Oct.	Day	19
Sex	Male	Color or Race	White	Years	—
Occupation	—		Birth-place	Months	1
Where Residing if not at place of death		Litchfield Ind.			
Married, Single or Widowed	Wife	Name of Wife or Husband			
Father's Name	Bruce O. Phillips			Father's Birthplace	Dr. C. Ind.
Mother's Maiden Name	Judge E. Ford			Mother's Birthplace	Dr. C. Ind.
Name of person giving information	Sister L. Phillips			How related to deceased	Mother

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Pneumonia with 17 months old	How long	1 day
Immediate	Infection Mother with Typhoid	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		R. C. Steele	
Address		Cambridge Ind.	
Accident or Suicide?			



Name
in
Full

George Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

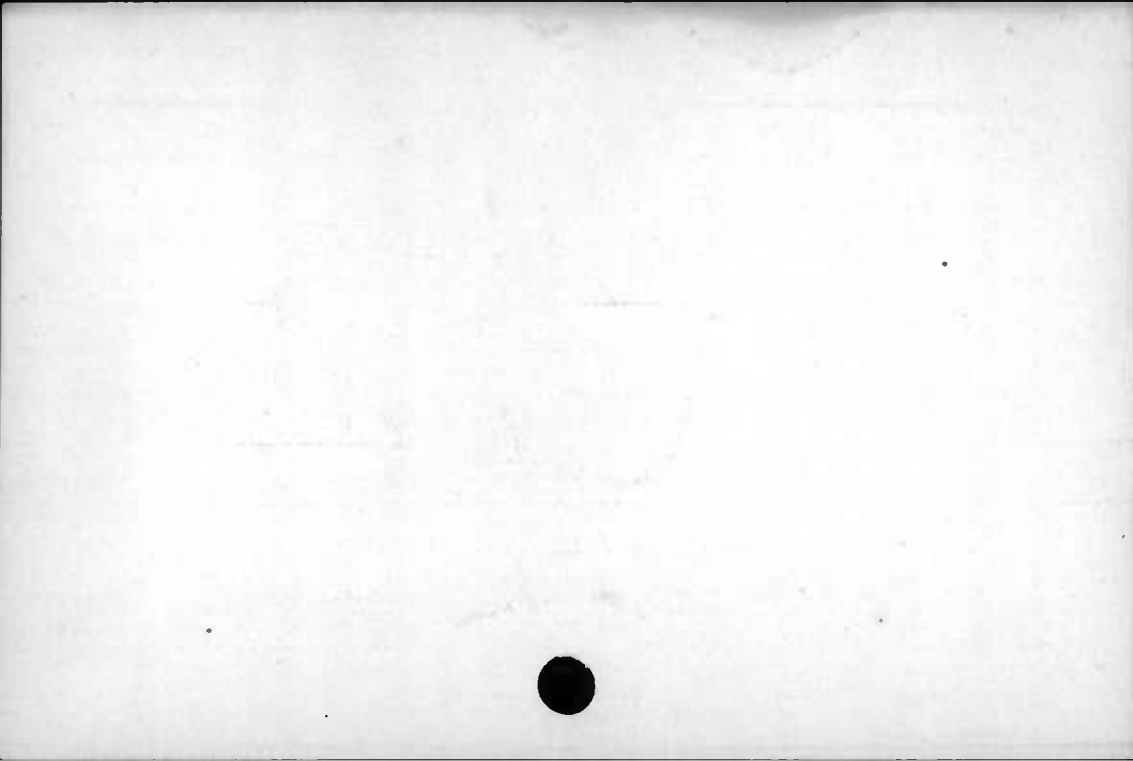
Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1907	Month	Oct	Day	31
Age		27		Years	
Sex	male		Color or Race	Black	
Occupation	Sauler		Birth-place	Va	
Where Residing if not at place of death			Cambridge Md Hospital		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			not given		
Mother's Maiden Name			" "		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary	<u>General Peritonitis</u>	How long	<u>After days</u>
Immediate	<u>Echthyma</u>	How long	<u>On day</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
y		<u>Dr. G. L. S. Borough</u>	
		Address	
		<u>Cambridge Md</u>	
Accident or Suicide?			



Name
in
Full

William Sherer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hurlock</i> Town		<i>Lor.</i> County		MARYLAND	
Date of death 190 <i>7</i>	Month <i>Oct</i>	Day <i>5</i>	Age <i>72</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Va.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ida Sheave</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Joseph Murphy</i>	How related to deceased <i>Father in law</i>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>No. Physician in Attendance</i>	How long
Immediate <i>due to natural causes</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt L Hastings</i>
	Address <i>Sub Registrar Hurlock Mich</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Lucile H. Simmons*

Town *Cambridge* County *Dorchester* MARYLAND

Died at *Cambridge*

Date of death *1907* Month *Oct* Day *4* Age *5* Years Months *57* Days *25*

Sex *Female* Color or Race *White* Birthplace *Mo.*

Occupation *Child* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *William H. Simmons* Father's Birthplace *Mo.*

Mother's Maiden Name *Sadie Stewart* Mother's Birthplace

Name of person giving information *Sadie Simmons* How related to deceased *Mother*

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary *Primary Anemia* How long *6 months*

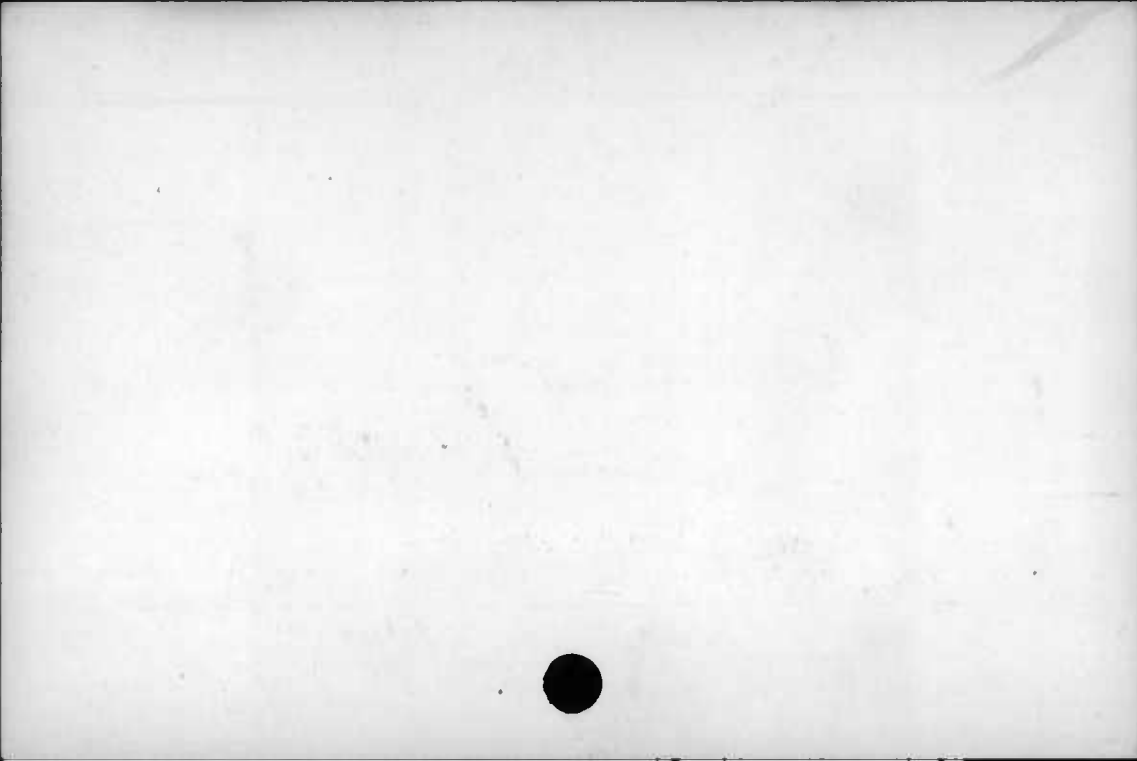
Immediate *Exhaustion* How long *short while*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John H. [unclear]*

Address *Cambridge, Md.*

Accident or Suicide?



Name
in
Full

Lester L Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

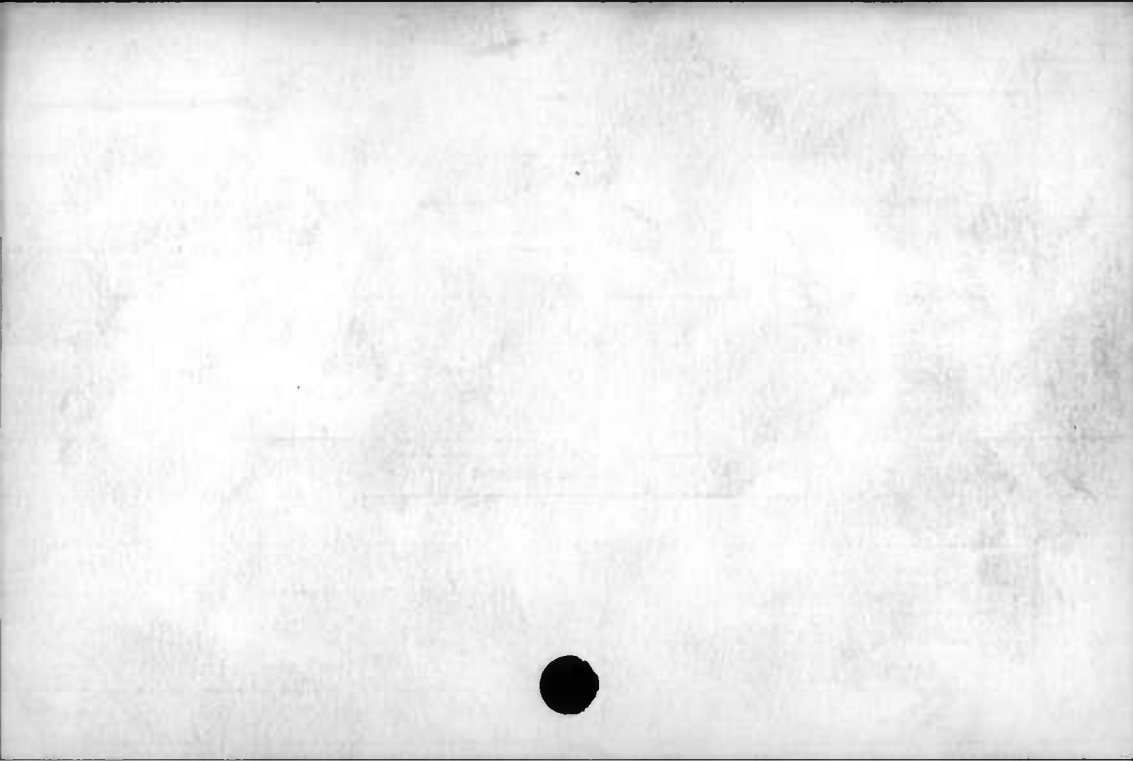
Died at <i>Elwood</i> <small>Town</small>		<i>Donchester</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Month</small> <i>Oct.</i> <small>Day</small> <i>6</i>		Age <i>1</i> <small>Years</small>		<i>7</i> <small>Months</small> <i>—</i> <small>Days</small>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth place <i>Harlock Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Deborah Smith apt</i>		Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Annie Smith</i>		Mother's Birthplace <i>Harlock Md</i>			
Name of person giving information <i>Annie Smith</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Teething</i>	How long <i>3 mo.</i>
Immediate <i>Acute Nephritis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Noble</i>
	Address <i>Paxton Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

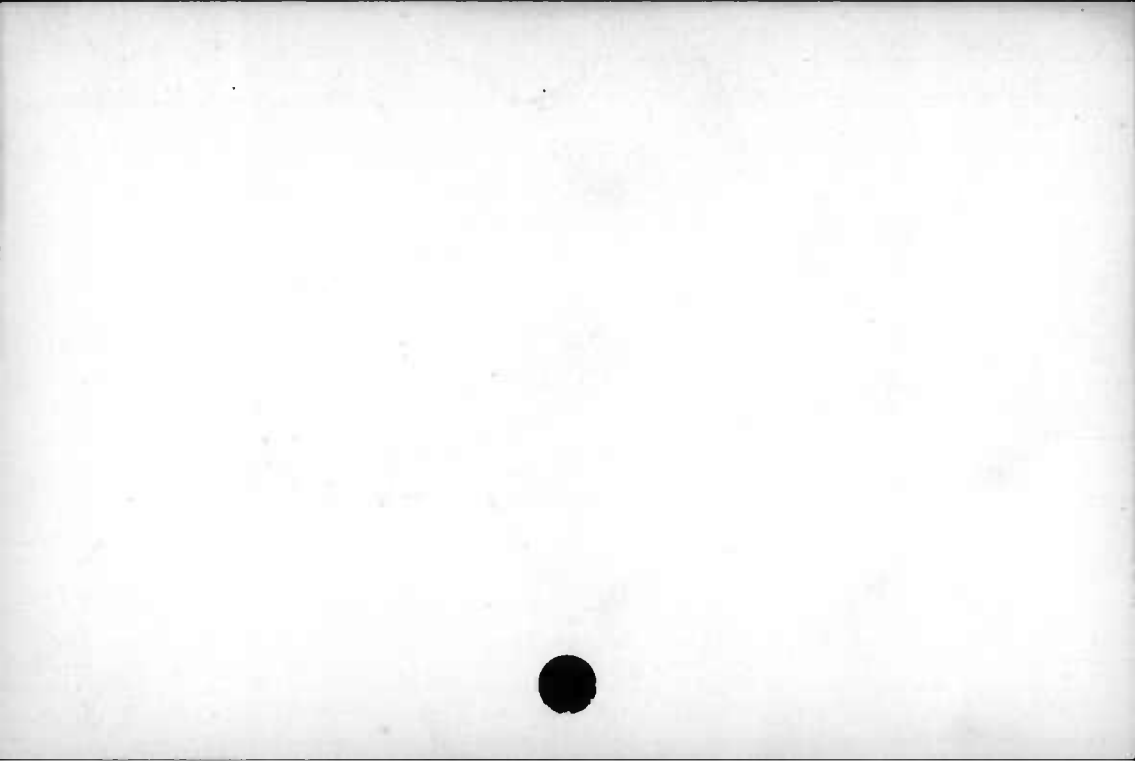
Died at Thomas Town		Borchester County		MARYLAND	
Date of death	1907	Month	Oct	Day	7
Age	0	Years	0	Months	2
Sex	male	Color or Race	White	Birth-place	Thomas
Occupation	none		Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	C. Harry Thomas			Father's Birthplace	Thomas Ind
Mother's Maiden Name	Bertha Marshall			Mother's Birthplace	Thomas Ind
Name of person giving information	C. H. Thomas			How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	En tero-colic	How long	1 week
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		S. A. Stokes	
		Address	
		Cambridge	
Accident or Suicide?		RF 65	



Name in Full *William Alvin Travers*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

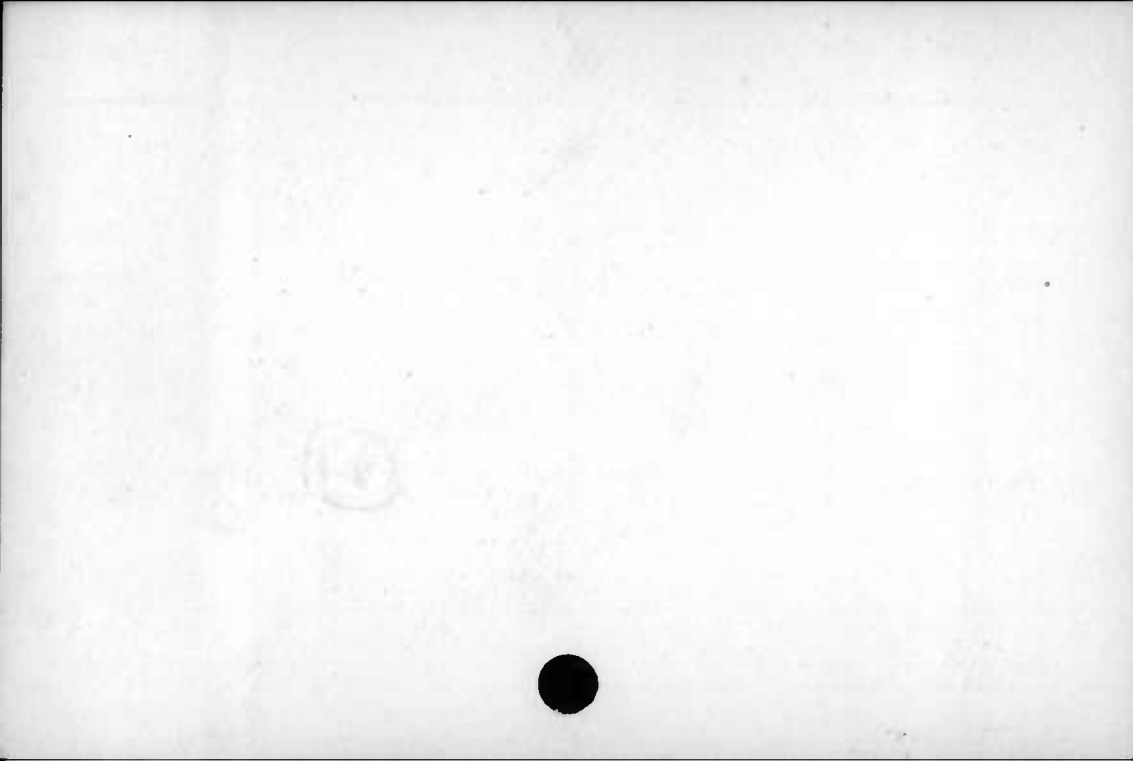
Died at <i>E.N. Market</i> ^{Town} <i>md</i> ^{County} <i>Dorchester</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct.</i>	Day <i>24</i>	Age <i>Three</i> Years Months Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>E.N. Market</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death	
Married , Single <i>Widowed</i>		Name of Wife or Husband	
Father's Name <i>Frank Travers</i>		Father's Birthplace <i>E.N. Market</i>	
Mother's Maiden Name <i>Marquette Jolly</i>		Mother's Birthplace <i>E.N. "</i>	
Name of person giving information <i>Father Frank Travers</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long
Immediate <i>Heart Failure</i>	How long <i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. F. Nicols md</i>
	Address <i>E.N. Market - md</i>
Accident or Suicide?	



Name
in
Full

Edgar Lee Freitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Church Creek ^{County} Dorchester

MARYLAND

Date of death 1907 ^{Month} Octo. ^{Day} 10th Age ^{Years} 23 ^{Months} 9 ^{Days} 9

Sex Male Color or Race White Birth-place Sussex Co. Del

Occupation Clerk Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Horace B. Freitt

Father's Birthplace Sussex Co. Del

Mother's Maiden Name Ada Taylor

Mother's Birthplace Sussex Co. Del

Name of person giving information Horace B. Taylor

How related to deceased Father

CAUSES OF DEATH

(21)

Primary Typhoid fever followed by pneumonia How long 3 years

Immediate Gradual exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

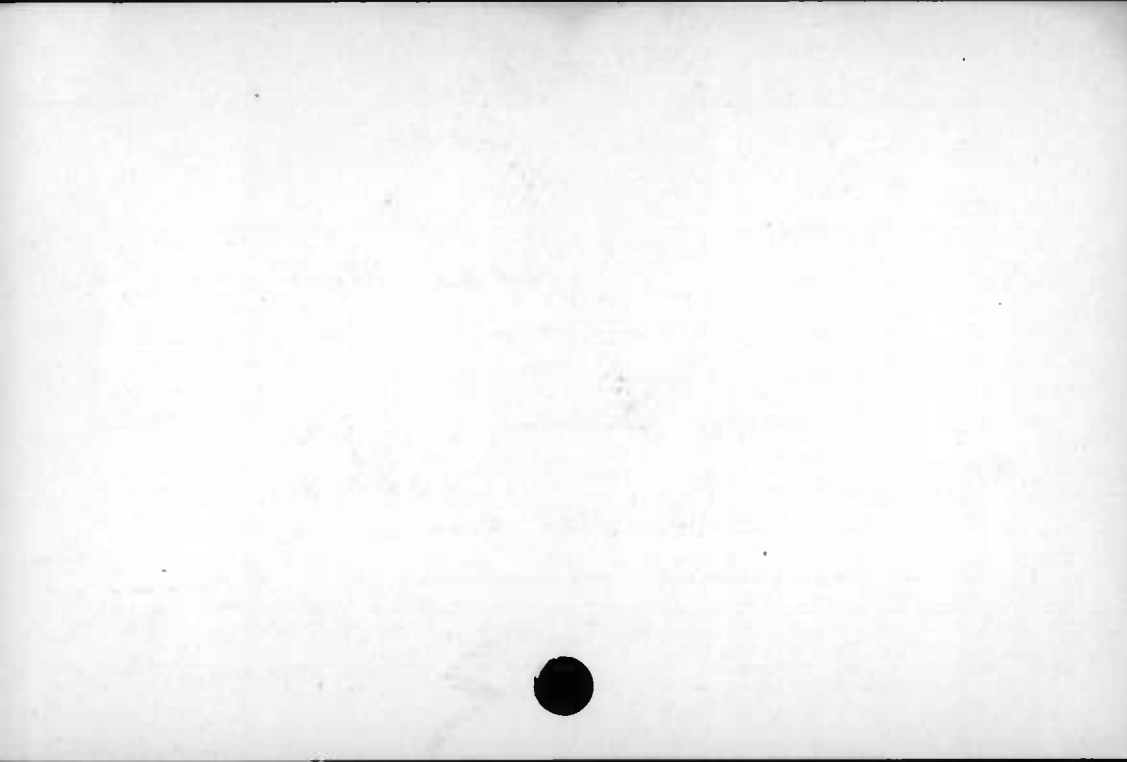
Signature of Physician

Guy Steell

Address

Cambridge Md.

Accident or Suicide?



Name
in
Full

Anthony R. Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Madison</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Oct.</i> <small>Month</small>	<i>16</i> <small>Day</small>	<i>about 53</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Dor. Co. Md.</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Addie Wallace</i>				
Father's Name <i> Aaron Wallace</i>	Father's Birthplace <i>Dor. Co. Md.</i>				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Levi Palmer</i>	How related to deceased <i>Friend</i>				

CAUSES OF DEATH

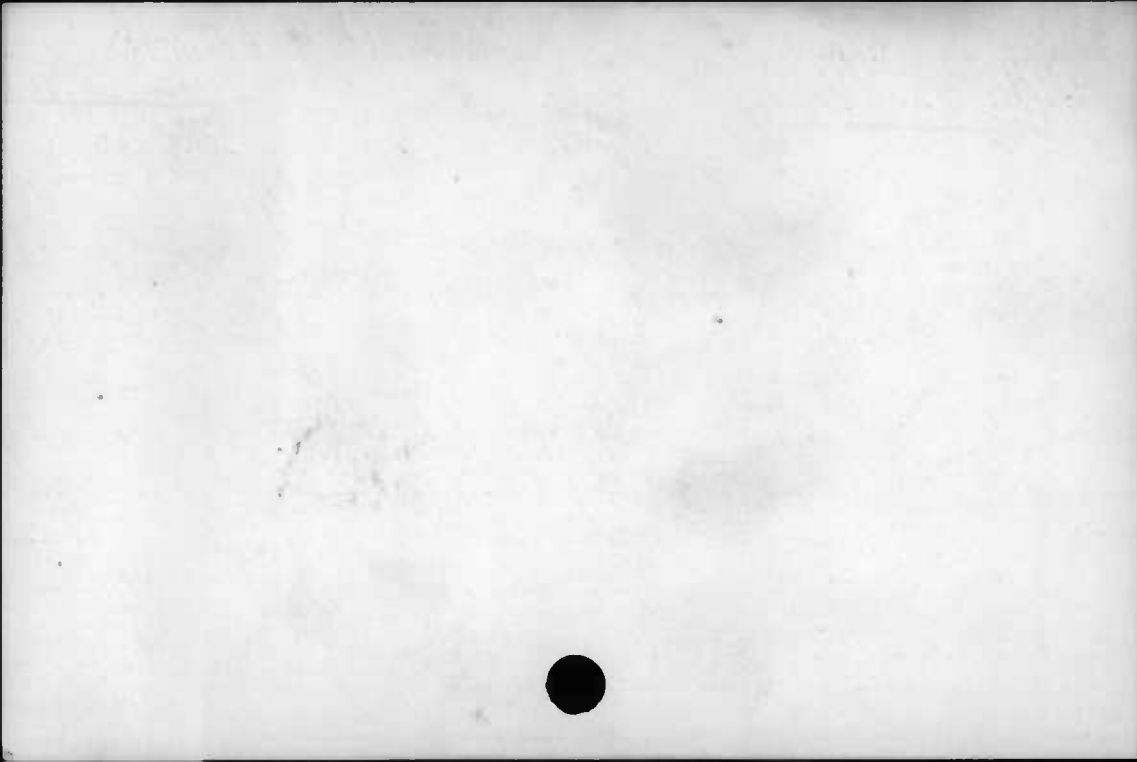
(120)

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's disease</i>	How long <i>A Year or so, Not Certain</i>
Immediate <i>Convulsions & exhaustion</i>	How long <i>about two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes, so far as known</i>	Signature of Physician <i>B. L. Smith M.D.</i>
	Address <i>Madison, Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full		Lavinia Willey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Aireys		County		Dorchester
	Date of death		1907	Month	Oct.	Day	28
	Sex		Female		Color or Race		White
	Occupation		Housewife		Where Residing if not at place of death		Aireys
	Married, Single or Widowed		Married		Name of Wife or Husband		George W. W. Willey
	Father's Name		Richard Gordon		Father's Birthplace		Maryland
	Mother's Maiden Name		Do not know		Mother's Birthplace		—
	Name of person giving information		Stanbury L. Willey		How related to deceased		Son
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Congestion of Lungs		How long		few hours
	Immediate		Exhaustion		How long		few days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		John M. Moore
					Address		Cornbridge
	Accident or Suicide?		no				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Louis Young

Town

County

Died at

Dr. Hurdock

Dr

MARYLAND

Date

of death 190

Month

10

Day

18

Age

Years

64

Months

1

Days

11

Sex

male

Color or
Race

black

Birth-
place

Dr County

Married, Single
or Widowed

married

Occupation

farmer

Name of Wife or
Husband

Mary E Young

Father's
Name

Clem Young

Father's
Birthplace

Dr Co

Mother's
Maiden Name

Rosetta Stanley

Mother's
Birthplace

Dr Co

Name of person giving
In formation

Mary E Young

How related
to deceased

wife

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary

Rheumatism

How long

2 weeks

Immediate

Rheumatism

How long

the same

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. Hurdock
Hurdock
Md

Accident or Suicide?

no

